

STATE OF CONNECTICUT)
)
COUNTY OF FAIRFIELD)

SS: RIDGEFIELD

JANUARY 2, 2015

THEN AND THERE, BY VIRTUE HEREOF ON THE 16TH DAY OF NOVEMBER, 2014, I MADE DUE AND LEGAL SERVICE OF THE ORIGINAL WRIT; SUMMONS AND COMPLAINT UPON **LLOYD'S LONDON, C/O WALKER WILCOX MALOUSCK, ONE FRANKLIN STREET, SUITE 3200, CHICAGO, ILL 60606-3610** BY FORWARDING A TRUE AND ATTESTED COPY OF THE ORIGINAL WRIT; SUMMONS AND COMPLAINT BY POSTAGE PREPAID, CERTIFIED, RETURN RECEIPT REQUESTED UNITED STATES MAIL FROM THE RIDGEFIELD, CT POST OFFICE AND ADDRESSED TO THE SECRETARY OF THE CORPORATION, **LLOYD'S LONDON C/O WALKER WILCOX MALOUSCK, ONE FRANKLIN STREET, SUITE 3200, CHICAGO, ILL 60606-3610**

ON THE 2ND DAY OF JANUARY, 2015, I RECEIVED THE DOMESTIC RETURN RECEIPT (GREEN CARD) FROM THE RIDGEFIELD, CT POST OFFICE MARKED AS DELIVERED ON THE 22ND DAY OF DECEMBER, 2014.

ATTEST:


JOHN M. MCNICHOLAS
CONNECTICUT STATE
MARSHAL FAIRFIELD COUNTY

OFFICE OF THE CLERK
SUPERIOR COURT
2015 JAN 15 A 9:09
JUDICIAL DISTRICT OF
FAIRFIELD AT BRIDGEPORT
STATE OF CONNECTICUT

7014 1820 0002 0907 2162

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 0.49	0877
Certified Fee	\$3.30	09
Return Receipt Fee (Endorsement Required)	\$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.49	12/16/2014

Sent To THE SECRETARY OF THE CORPORATION
LOYD LONDO, C/O WALKER WILCOX MALOWSK LIP
 Street & Apt. No.,
 or PO Box No. ONE FRANKLIN ST. SUITE 3200
 City, State, ZIP+4[®] CHICAGO, ILL 60606-3610

PS Form 3800, July 2014

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THE SECRETARY OF
THE CORPORATION LLOYD LONDO
C/O WALKER WILCOX MALOWSK LIP
ONE FRANKLIN ST., SUITE 3200
CHICAGO, ILL 60606-3610

2. Article Number
 (Transfer from service label)

7014 1820 0002 0907 2162

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-22-

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail[®] ☐ Priority Mail Express[™]
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes